



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Solid Waste Management

BWP SW 06 Authorization to Operate a Large Handling Facility

BWP SW 10 Authorization to Operate a Landfill

BWP SW 20 Authorization to Operate a Small Handling Facility

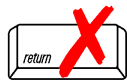
Transmittal Number _____

Facility ID# (if known) _____

Application for Authorization to Operate a Solid Waste Management Facility

A. Project Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Directions:
Specify the plan/report and page numbers in which the following information is located.

Enter NA if information requested is not applicable.

Important Note:
Engineering Plans must be stamped by a Registered Professional Engineer (PE).
Property Line Location must be stamped by a Registered Land Surveyor (RLS).

1. Which permit category are you applying for?

☐ BWP SW 06

☐ BWP SW 10

☐ BWP SW 20

2. Is the attached application for:

☐ a renewal, or

☐ an initial authorization to operate a facility?

If initial authorization, complete sections **3** and **B**

If renewal authorization, complete sections **4** and **B**

3. Authorization to Operate

Plan/Report #

Page #

DEP Use Only

a. Financial Assurance (310 CMR 19.051)

(1) Mechanism (310 CMR 19.051(12))

(2) Amount (310 CMR 19.051(5))

b. As-built Plans (310 CMR 19.042(3)(b))

(1) QA/QC documentation (310 CMR 19.107(1))

(2) P.E. signed and stamped

(3) Construction Certification (310 CMR 19.107(4))

c. Construction Completeness (310 CMR 19.042(3)(c))

(1) Conformance with 310 CMR 19.030(3)

(2) Ditches, drains, roads, fences, water lines, collection systems & appurtenances

(3) Equipment

(4) Six month site preparation (if applicable)

(5) Staffing

(6) Recycling/composting implementation schedule

(7) Proof of other state, local, federal permits

(8) Compliance with other applicable portions of 310 CMR 19.000



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A. Project Information (cont.)

	Plan/Report #	Page #	DEP Use Only
d. 14 days of daily cover (310 CMR 19.130(15)(b)3)	_____	_____	_____
e. Compliance with Permit (or Authorization) to Construct Conditions of Approval	_____	_____	_____
f. Deed Notice (19.041(6))	_____	_____	_____
4. Renewal of Authorization to Operate (310 CMR 19.042(4))			
a. Renewal Content	_____	_____	_____
(1) Date of expiration of current ATO	_____	_____	_____
(2) Changes in Operation and Monitoring	_____	_____	_____
(3) Narrative summary of monitoring data (previous 5 years)	_____	_____	_____
(4) Detailed report of monitoring data	_____	_____	_____
(5) Leachate management	_____	_____	_____
(6) Operation problems/solutions	_____	_____	_____
(7) List of Permit modifications	_____	_____	_____
(8) List of violations or enforcement actions	_____	_____	_____
(9) Remaining approved capacity	_____	_____	_____
(10) Documentation of recycling and waste restriction compliance	_____	_____	_____
(11) Financial assurance adequacy	_____	_____	_____
(12) Demonstration of compliance with 310 CMR 19.000	_____	_____	_____
b. Notification of host community and contract communities	_____	_____	_____



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B. Certification & Engineer's Supervision: 310 CMR 19.011

Engineer's Supervision:

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

Print Name

Authorized Signature

Position/Title

Company

P.E. #

Date

Certification:

Any person, required by these regulations or any order issued by the Department, to submit papers shall identify themselves by name, profession, and relationship to the applicant and legal interest in the facility, and make the following certification: "I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment."

Print Name

Authorized Signature

Position/Title

Date